

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1							51					
2							52					
3							53					
4							54					
5							55					
6							56					
7							57					
8							58					
9							59					
10							60					
11							61					
12							62					
13							63					
14	2						64					
15	2						65					
16	2						66					
17							67					
18							68					
19							69					
20							70					
21	2						71					
22	2						72					
23							73					
24	1						74					
25	4						75					
26	4						76					
27	1						77					
28	1						78					
29	2						79					
30	2						80					
31	2						81					
32	2						82					
33							83					
34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	7						TOTAL IND.					
TOTAL DEP.	41	↔		↔		↔	TOTAL DEP.					
TOTAL CLAIMS	48						TOTAL CLAIMS					